

***State of New Jersey
Department of Military and Veterans Affairs
State Approving Agency
PO Box 340
Trenton, NJ 08625-0340***

Instructions to Apprentice, On-the-Job Trainee

The enclosed forms are for your records.

The enclosed "Training/Attendance Progress Record" forms must be completed, signed, and returned to your employer for every month of your apprenticeship.

Do not send these forms to the State Approving Agency, nor the Department of Veterans Affairs. Your employer is to retain these forms in your training file.

A sample form is included for your reference.

Retain this form
in trainee's file

State of New Jersey
Department of Military and Veterans Affairs
State Approving Agency
PO Box 340
Trenton, NJ 08625-0340

Monthly VA certification form
signed only upon submission
of this form to training officer

**THIS IS A SAMPLE
COMPLETE ONCE
A MONTH**

Month/
Year X

**Training/Attendance
Progress Record**

File or Social Security Number:

Name of Trainee: X

Training Objective: X

Employer & Address: X

<u>Types of work performed</u>	<u>Hours each type</u>	<u>Day</u>	<u>Daily Record of Attendance</u>	
			<u>Total hours worked</u>	
PATROL	114	1	M - F	8
		2		8
		3		8
INVESTIGATIONS	30	4		8
		5		8
COURT	10	6	OFF	
		7	OFF	
REPORTS	20	8	M - F	8
		9		8
MISC.	10	10		8
		11		8
		12		8
TOTAL	184	13	OFF	
<u>Total hours worked, including overtime</u>		14	OFF	
		15	M - F	8
		16		8
		17		8
		18		8
		19		8
		20	OFF	
		21	OFF	
		22	M - F	8
		23		8
		24		8
		25		8
		26		8
		27	OFF	
		28	OFF	
		29	M - W	8
		30		8
		31		8
			Total	184

Number of hours absent with pay_____; explain on separate sheet and attach. Number of hours absent without pay_____; explain on separate sheet and attach. I certify that all information presented by me is correct and that this report of my training and attendance activities during the month is factual; that I was under a journeyman status; and that I was under immediate supervision of a skilled individual while performing the work indicated above.

Trainee Signature X

Certification by Employer: Gross wages actually earned during calendar month, including overtime_____. Pay rate of the apprentice_____. Trainee's progress during the month has been satisfactory() unsatisfactory(). I certify that the above is a true and correct record of this trainee's activities during the month. I further certify that the work reported as done during the month was performed under the direct supervision of a skilled mechanic.

Employer Signature X

Retain this form
in trainee's file

State of New Jersey
Department of Military and Veterans Affairs
State Approving Agency
PO Box 340
Trenton, NJ 08625-0340

Monthly VA certification form
signed only upon submission
of this form to training officer

Month/
Year _____

**Training/Attendance
Progress Record**

File or Social Security Number: _____

Name of Trainee: _____

Training Objective: _____

Employer & Address: _____

<u>Types of work performed</u>	<u>Hours each type</u>	<u>Daily Record of Attendance</u>	
		<u>Day</u>	<u>Total hours worked</u>
		1	_____
		2	_____
		3	_____
		4	_____
		5	_____
		6	_____
		7	_____
		8	_____
		9	_____
		10	_____
		11	_____
		12	_____
		13	_____
		14	_____
		15	_____
		16	_____
		17	_____
		18	_____
		19	_____
		20	_____
		21	_____
		22	_____
		23	_____
		24	_____
		25	_____
		26	_____
		27	_____
		28	_____
		29	_____
		30	_____
		31	_____

Total hours worked, including overtime

Number of hours absent with pay _____; explain on separate sheet and attach. Number of hours absent without pay _____; explain on separate sheet and attach. I certify that all information presented by me is correct and that this report of my training and attendance activities during the month is factual; that I was under a journeyman status; and that I was under immediate supervision of a skilled individual while performing the work indicated above.

Trainee Signature _____

Certification by Employer: Gross wages actually earned during calendar month, including overtime _____. Pay rate of the apprentice _____. Trainee's progress during the month has been satisfactory() unsatisfactory(). I certify that the above is a true and correct record of this trainee's activities during the month. I further certify that the work reported as done during the month was performed under the direct supervision of a skilled mechanic.

Employer Signature _____

Total